

Supplemental Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AVIDIN MUTANTS
Attorney Docket Number::	3502-1105
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	18
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: HENRI
Middle Name:: RAINER
Family Name:: NORDLUND
Name Suffix::
City of Residence:: LEMPÄÄLÄ
State or Province of
Residence::
Country of Residence:: FINLAND
Street of Mailing KULMATIE 10
Address::
City of Mailing Address:: LEMPÄÄLÄ
State or Province of Mailing Address::
Country of Mailing Address:: FINLAND
Postal or Zip Code of Mailing Address:: FI-37560

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: OLLI
Middle Name:: HEIKKI
Family Name:: LAITINEN
Name Suffix::
City of Residence:: KUOPIO
State or Province of
Residence::
Country of Residence:: FINLAND
Street of Mailing ~~SÄRKINIEMENTIE 11 D 33~~
Address:: Luhtatie 7
City of Mailing Address:: KUOPIO

State or Province of Mailing Address::
Country of Mailing Address:: FINLAND
Postal or Zip Code of Mailing Address:: FI-70700

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: VESA
Middle Name:: PEKKA
Family Name:: HYTÖNEN
Name Suffix::
City of Residence:: GEIFENSEE
State or Province of
Residence::
Country of Residence:: SWITZERLAND
Street of Mailing Address:: BURSTWIESENSTRASSE 17
City of Mailing Address:: GEIFENSEE
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: CH-8606

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: MARKKU
Middle Name:: SAKARI
Family Name:: KULOMAA
Name Suffix::
City of Residence:: TAMPERE
State or Province of
Residence::
Country of Residence:: FINLAND

Street of Mailing KOULUKATU 16 A 16
Address::
City of Mailing Address:: TAMPERE
State or Province of Mailing Address::
Country of Mailing Address:: FINLAND
Postal or Zip Code of Mailing Address:: FI-33200

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466.
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FI2004/000679	11/15/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FINLAND	20031663	11/14/03	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::